

Please type a plus sign (+) inside this box →

+

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	41117/YOD WILA:0007	Total Pages	50
	First Named Inventor or Application Identifier Guy Rosenthal			
	Express Mail Label No.	EL 982 235 336 US		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	Commissioner for Patents ADDRESS TO: Mail Stop Patent Application, P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification <small>Total Pages 24</small> <small>(preferred arrangement set forth below)</small> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <small>Total Sheets 4 Total Pages 12</small>	ACCOMPANYING APPLICATION PARTS
4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(where there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input checked="" type="checkbox"/> Other PTO-2038
5. <input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____/____	

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			<input type="checkbox"/> Correspondence address below		
<small>(Insert Customer No. or Attach bar code label here)</small>					
NAME	Patrick S. Yoder FLETCHER YODER				
ADDRESS	P.O. Box 692289				
CITY	Houston	STATE	Texas	ZIP CODE	77269-2289
COUNTRY	USA	TELEPHONE	(281) 970-4545	Fax	(281) 970-4503

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.



